

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Enshayan for City Council

**IMPORTANT:** Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_  
Kamyar Enshayan \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_  
City Council: Cedar Falls \_\_\_\_\_

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

  
SIGNATURE OF PERSON FILING REPORT

(319) 266-6454  
TELEPHONE

12/27/07  
DATE SIGNED

I AM FILING A Termination/Final REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

12/4/2007

County & Local Committees, enter County in  
which Election is held  
Black Hawk

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

665.22

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

0.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$ 665.22

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

665.22

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

0.00

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Enshayan for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/29/2007	ID# CK#1011	Kamyar Enshayan 1703 Washington Street Cedar Falls, IA 50613	Reimbursement: U.S. Post Office	\$ 29
11/29/2007	ID# CK#1012	Kamyar Enshayan 1703 Washington Street Cedar Falls, IA 50613	Reimbursement: Voter Labels	39.20
11/29/2007	ID# CK# 1013	Kamyar Enshayan 1703 Washington Street Cedar Falls, IA 50613	Reimbursement: Postage Stamps	312
11/29/2007	ID# CK#1014	Loree Rackstraw 2109 Walnut Street Cedar Falls, IA 50613	Reimbursement: Voter Registration Labels	25.20
12/4/2007	ID# CK#1015	Kamyar Enshayan 1703 Washington Street Cedar Falls, IA 50613	Reimbursement: Printed Advertisement in UNI Northern Iowan Newspaper	104.80
12/14/2007	ID# CK#292363	Loree Rackstraw 2109 Walnut Street Cedar Falls, IA 50613	[Cashier's Check] Reimbursement: Printed Postcards	121.87
12/14/2007	ID# CK#292364	House of Hope Waterloo, IA	[Cashier's Check] Charitable Contribution as per Statement of Organization (Form Dr-1)	28.05
	ID# CK#		Misc. Bank Charges and Fees	5.10
SUB-TOTAL				\$ 665.22
TOTAL (If last page of this schedule)				\$ 665.22

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)